MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/926743	

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/		/			
2		/		/		
3	/			/		
4				/		
5		2		/		
6		0		/		
7		0		0		
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TOTAL IND.	2		1			
TOTAL DEP.	9		9			
TOTAL CLAIMS	11		10			

	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS